

## IFSP Screen

Child Name: \_\_\_\_\_

### IFSP Information:

(Pending IFSP needs to be defined by assigning IFSP date and IFSP type ASAP)

1. \*IFSP Meeting Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

IFSP Delay Reason: \_\_\_\_\_

2. IFSP Type: \_\_Initial \_\_Annual \_\_Six Mo. Review \_\_Interim \_\_Requested \_\_Pending

### 3. Informed Parental Consent:

Parent is legal guardian? \_\_Yes \_\_No

Right as parent under Part C Regulations? \_\_Yes \_\_No

Parent(s) has participated in IFSP? \_\_Yes \_\_No

Parent(s) agrees to IFSP implementations? \_\_Yes \_\_No

### 4. Family Assessment:

Parent Interview Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

\*Family Concerns: \_\_\_\_\_

\_\_\_\_\_

\*Family resources, Supports and/or Services: \_\_\_\_\_

\_\_\_\_\_

\*Identification of Natural Environments: \_\_\_\_\_

\_\_\_\_\_

5. \*IFSP Participants: \_\_Assessor(s) \_\_CPS Worker \_\_Child Care Provider \_\_Physician

\_\_Potential Direct Service Provider(s) \_\_ILE \_\_LEA \_\_PLE \_\_Other



6. \*IFSP Participants Detail (name, title, agency, date, participation type, level of agreement, comment area): \_\_\_\_\_

\_\_\_\_\_

7. IFSP Meeting Note: \_\_\_\_\_

\_\_\_\_\_

8. Child's Developments Levels: (Use Evaluation/Assessment Information Form)

9. Outcome: (Use Outcome form)

10. Planned Services: (Use Planned Services Form)

Note: If additional space is needed please attach a separate sheet for reference.

